AUSTRALIA

# Communicable Diseases Intelligence

**Bulletin number** 81/16

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Contents:



FOODBORNE SALMONELLOSIS OUTBREAK - VICTORIA - To 13 August 1981, 65 cases of salmonellosis attributed to S. newport have been reported in Victoria. The source of infection has been traced to salami manufactured by the Tibaldi Smallgoods Company, Melbourne. These food items have subsequently been withdrawn from sale in all States.

IRUS REPORTING SCHEME - A total of 811 reports were received this period, although figures from one laboratory have not been received due to delays in the mail. Among the respiratory infections, the reports suggest a decrease in those attributed to respiratory syncytial virus (62 reports received compared to 94, 91 and 115 for the previous three periods) and parainfluenza virus type 1 (6 reports received compared with 33, 18 and 23), but an increase in influenza A virus infections (60 reports received compared with 35, 11 and 4). All characterised influenza isolates were of the $H_1N_1$ subtype, with four resembling influenza A/Brazil/11/78. However, the $H_1N_1$ subtype that has been circulating in Melbourne since late June 1981, has now been characterised as resembling influenza A/England/333/80, which is closely related to the Brazil variant. To 29 July, 31 isolates have been made from Fairfield Hospital inpatients and staff, and from a child at a Melbourne reception centre. Most patients were aged between eight and 24 years, and presented with relatively mild, but typical, influenza illness with fever, headache and upper respiratory tract symptoms.

In the usual seasonal increase in hospital admissions of children suffering from croup, the State Health Laboratory Service, Perth, reported that in the period 16 June-15 July 1981, parainfluenza virus type 1, rhinovirus (H strain) and respiratory syncytial virus were isolated from 20, three and two children respectively. Corresponding isolation figures for the same period in 1980 were one, zero and three respectively.

Reports of interest include:

- The State Health Laboratory Services, Perth, reported the isolation from genital sources of adenovirus type 37 from two males aged 31 and 35 years. The serotype is still a provisional designation, and although the virus is related antigenically to adenovirus type 19, their genomes are distinct by DNA-DNA hybridisation. This new serotype will be coded as adenovirus type 19 (code 0119) until the official classification has been recognized.

The Bulletin is compiled and distributed by the Environmental Health Branch, Department of Health, P.O. Box 100, Woden, A.C.T. 2606, Australia, and is available on request.

## NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL STATEMENTS

This issue contains a synopsis of the remaining Council recommendations pertaining to communicable diseases (see CDI 81/15 for recommendations relating to sexually transmitted disease).

### Immunisation procedures

Council reviewed its current recommendations on immunisation procedures, and recommended that the revised document "Immunisation Procedures" be adopted as the national guidelines. This document is being distributed to State and Territory health authorities, final year medical students, schools of nursing and other appropriate organisations. Individual copies are also available from the Editor.

### Childhood immunisation schedule

Council considered that children given diphtheria, tetanus and pertussis vaccine (Triple Antigen) for primary immunisation at two months of age who had contraindications to the pertussis component, should be able to receive the diphtheria-tetanus vaccine (CDT) instead at that attendance, rather than be made to delay a further two months. It modified accordingly the recommendations for all ages at which CDT vaccine could be administered, and agreed that this should be given at two, four and 18 months of age. Children who fail to receive such immunisation at two or four months could receive it at six months.

Council also considered that children should receive a booster dose of diphtheria and tetanus vaccine (ADT) at 15 years of age, or prior to leaving school, to ensure adequate protection in adult life.

In addition, Council reiterated that mumps vaccine can be administerd, and should be available, to individuals of any age. It should also be administered routinely with measles vaccine in the form of a combined measles/mumps vaccine to infants at, or soon after their first birthday.

Editorial Comment - The combined measles/mumps vaccine is available from the Commonwealth Serum Laboratories through its usual commercial outlets. However, at this stage the combined vaccine is not provided for by the Commonwealth on the same basis as measles, rubella and Sabin vaccine.

### Immunisation of pre-term infants

Council concluded that it was unwise to delay vaccination of pre-term infants since available reports indicate that premature infants show adequate immunological response to antigenic stimulation.

### Protection against rubella

Council urged that the States and Territories to adopt health education programs in schools immediately prior to seeking parental consent for immunisation, with a view to informing potential vaccinees of congenital rubella syndrome.

### Exclusion from school of infectious diseases cases

Council revised its document "Recommended Periods of Exclusion from School of Infectious Diseases Cases and Contacts". A copy is attached at the end of this issue for information.

It was considered important that a child who is ill should not attend school, nor should he or she return to school following an infectious disease until sufficiently recovered. However, as some common diseases such as chickenpox and rubella are usually most infectious before they present as clinical disease, exclusion following clinical recovery was of limited value.

## LEGIONNAIRES' DISEASE - WESTERN AUSTRALIA

(Contributed by M. Bucens, State Health Laboratory Services, Perth)

Two cases of Legionnaires' disease were diagnosed by the State Health Laboratory Services in June 1981.

- A previously well 48 year old teacher was admitted to Royal Perth Hospital on 10 June with a five day history of sudden onset of fever with rigors, followed by headache, generalised myalgia, cough and haemoptysis. Chest X-ray on admission revealed consolidation of the right lower lobe with minor interstitial shadowing in the left mid lower zone. The patient's condition deteriorated, and two days later he was in a toxic confusional state with evidence of disseminated intravascular coagulations, hepatic disturbance, hypokalaemia and hypoalbuminaemia in addition to pneumonia of his right lower lobe. Antibiotic therapy was changed from IV benzyl penicillin and erythromycin to IV ampicillin, cloxacillin and gentamicin on 12 June, whereafter the patient's temperature settled and his mental state improved. He remained afebrile and made rapid progress until discharge eight days later.

  Seroconversion with specific IgM against Legionella was detected by ELISA from consecutive serum specimens (Table 1).

Table 1 — Antibody titres to L. pneumophila (Philadelphia strain) - Patient 1

| Antibody | Date of specimen | | | | |
|---|---|---|---|---|---|
| | 8/6 | 11/6 | 17/6 | 29/6 | 3/7 |
| Specific IgG | <1/10 | <1/10 | 1/160 | 1/640 | 1/1280 |
| Specific IgM | <1/10 | <1/10 | 1/40 | 1/320 | 1/320 |

- A 56 year old man who was diagnosed in August 1980 as having a slowly progressive form of acute myeloblastic leukaemia, presented to the Sir Charles Gairdner Hospital on 6 June 1981 with a 24 hour history of fever (40°C), anorexia and cough with blood-stained sputum. He also reported constant central chest pain of several weeks duration. On admission there was radiological evidence of consolidation in the left zone and right lower zone. The acute pneumonia was managed with IV penicillin, ticarcillin and gentamicin. However, despite these antibiotics and intensive physiotherapy he continued to have a high spiking fever, and gradually deteriorated clinically and radiologically with extensive opacification of the whole of the left lung. Fiberoptic bronchoscopy was performed, and a transbronchial biopsy was submitted for histology and immunofluorescence for L. pneumophila. The specimen demonstrated some interstitial fibrosis, but was negative by direct immunofluorescence for the organism. No specimens were cultured for Legionella. Following the addition of IV septrin and erythromycin to the antibiotic regimen, an improvement in his fever was noted within 24 hours. Because of marked hypoxia, the patient was ventilated for

ten days, during which he remained afebrile. He was discharged on 30 June with some minimal radiological opacification in the left mid zone.

Although the patient had persistently been neutropenic, he had not been taking cytotoxic drugs or corticosteroids prior to admission.

A seroconversion with specific IgM against L. pneumophila was detected by ELISA (Table 2).

Table 2 Antibody titres to L. pneumophila (Philadelphia strain) - Patient 2

| Antibody | 9/6 | 12/6 | 25/6 | 30/6 |
|---|---|---|---|---|
| Specific IgG | <1/10 | 1/40 | 1/320 | 1/320 |
| Specific IgM | <1/10 | not tested | 1/40 | 1/40 |

Editorial Comment - In 1980, 202 cases (with 25 deaths) of Legionnaires' disease were reported to the Communicable Disease Surveillance Centre (CDSC), UK[1]. L. pneumophila serogroup 1 infections predominated with only seven infections due to other serogroups. All 202 patients had pneumonia, the majority with segmental or lobar consolidation. Further details were available on 128 cases, of which 59% had confusion (with 11 reports of other CNS involvement including ataxia, dysarthria and parasthesia), 39% had vomiting, 33% had diarrhoea and 20% had a maculo-papular rash. Eight patients developed renal failure. About 80 cases were acquired abroad (25 of whom were involved in an outbreak associated with an hotel in Benidorm, Spain), and 24 infections were thought to have been acquired in hospitals.

The steady increase in the number of cases reported to CDSC (annual totals : 1977 - 25; 1978 - 77; 1979 - 127; and 1980 - 202) probably reflects the increasing availability of the diagnostic reagents and the greater interest of clinicians, and not necessarily a real change in the incidence of the disease.

The spectrum of disturbances attributed to Legionnaires' disease frequently include neurological manifestations[2,3], although no distinctive pattern has been recognized. Since endotoxin-like activities have been associated with members of the Legionellaceae[4], and many endotoxins exhibit powerful neurotoxic effects[5], it is suggested that an endotoxic mechanism may explain some of the diverse pulmonary and extra-pulmonary disturbances which accompany infection.

As well as reports of cases where infection presents as a mild respiratory disease[6], significant antibody levels to L. pneumophila have also been detected in healthy people[7,8,9]. In a recent survey conducted in Western Australia, antibody titres to Legionella serogroup 1 were determined by ELISA in three groups of people. Titres of $\geqslant$20 were found in 34.4% of 300 patients with pneumonia, 40% of 200 blood donors, and 29% of 20 immunocompromised patients (M. Bucens and G. Harnett, personal communication).

References

1. CDR (1981) 81/23 : 3
2. Lancet (1981) 1 : 940
6. JAMA (1981) 246 : 214
7. J. Inf. Dis. (1979) 140 : 784

3. CDR (1981) 81/23 : 5
4. Ann. Intern. Med. (1980) 93 : 645
5. J. Immunol. (1981) 126 : 1030
8. CDI (1980) 80/11 : 2
9. N.Z. Med. J. (1981) 93 : 259

## SEROLOGICAL EVIDENCE FOR THE OCCURRENCE OF ROSS RIVER (RR) VIRUS AND MURRAY VALLEY ENCEPHALITIS (MVE) VIRUS IN TASMANIA

(Contributed by B.L. Munday, Mt Pleasant Laboratories, Department of Agriculture, Launceston, Tasmania; D.H. Cybinski, Long Pocket Laboratories CSIRO, Indooroopilly, Queensland; and R.L. Doherty, Faculty of Medicine, University of Queensland, Herston, Queensland).

Although tick-transmitted viruses have been found in Tasmania (42° South) and on Macquarie Island (54° South)[1], there has been little evidence for the occurrence of arboviruses in Tasmania. This apparent paucity of arboviruses can be partly explained on the basis of lack of, and/or limited activity of, suitable vectors such as certain species of Culicoides and mosquitoes. However, following the first two human cases of epidemic polyarthritis in Tasmania in April and May 1981[2], the survey results recorded below help to put these infections in better perspective.

In 1973 a sentinel herd of 25 four month old female Hereford cattle was established at Cressy Research Station in Northern Tasmania as part of a program to monitor arboviruses, especially ephemeral fever[3]. Blood specimens were collected at about three-monthly intervals. In addition, various native birds and mammals were live-trapped and blood specimens tested for antibody.

Cattle - From December 1973 to August 1974, no antibodies against arboviruses were detected in the sera. However, in November 1974 and January 1975, three animals exhibited significant HI antibody titres (ranging from 1/40 to 1/2560) against RR virus. The titres rose between November and January in two cattle, but fell in the third. No antibodies against MVE, Sindbis or Saumarez Reef viruses were detected.

Native birds - Antibodies against MVE virus were detected in two silver gulls and two black ducks, with HI titres ranging from 1/40 to >1/5120 (Table 1).

Table 1 Antibodies against MVE virus in birds

| Species | Number tested | Number positive |
|---|---|---|
| Short-tailed Shearwater (Puffinus tenuirostris) | 26 | - |
| Black duck (Anas superciliosa) | 5 | 2 |
| Silver gull (Larus novaehollandiae) | 16 | 2 |

Native mammals - HI antibody against RR virus was present in every marsupial species tested. Bennett's wallabies had the greatest prevalence (three with HI titres >1/1280), with HI titres in the other species principally in the range 1/20 to 1/160. Neutralizing antibody against MVE virus was detected at a titre of 1/40 in the only bettong tested (Table 2)

The survey strongly suggests that there is a large reservoir of marsupial hosts for RR virus in Tasmania. The recognized vectors Aedes vigilax, Culex annulirostris and Monsonia linealis have not been recorded in Tasmania but a number of mosquitoes potentially capable of acting as vectors are present. These include Anopheles annulipes which can be experimentally infected with RR virus.

TABLE 2

Antibodies against arboviruses in marsupials

| Species | no.positive/no.tested MVE virus | no.positive/no.tested RR virus |
|---|---|---|
| Brush possum (Trichosurus vulpecula) | NT | 9/11 |
| Southern bettong (Bettongia gaimardi) | 1/1 | NT |
| Pademelon (Thylogale billardierii) | NT | 10/16 |
| Bennetts wallaby (Macropus rufogriseus) | NT | 16/24 |
| Common wombat (Vombatus ursinus) | NT | 1/5 |

NT = not tested.

It is quite possible that the birds with antibodies against MVE virus could have acquired their infections outside Tasmania, but this could not be the case with the bettong, and further work is needed to ascertain the prevalence and extent of this infection in potential reservoir species.

References

1. Aust. J. Exp. Biol. Med. Sci. (1977) 55 : 103
2. CDI (1981) 81/14 : 1
3. Aust. Vet. J. (1977) 53 : 17

## TOXIC SHOCK SYNDROME (TSS) - GROWTH OF S. AUREUS IN PHOSPHATE BUFFERED SALINE (PBS) CONTAINING 5% HUMAN BLOOD

(Contributed by A. Hill and P. Mugg, Institute of Medical and Veterinary Science, Adelaide, South Australia).

In an article published earlier this year on the growth characteristics of S. aureus in tampons (see CDI 81/3), it was reported that there was no significant increase in counts in cultures with PBS containing 5% human blood. This implied that tampons contributed some factor(s) which encouraged replication of the organism under the in vitro conditions used.

These procedures were duplicated using Meds Regular and Carefree Regular tampons, PBS (a laboratory preparation of the Oxoid-code BR14a formulation) containing 5% freshly drawn human blood (from a male volunteer), and five strains of S. aureus. Three strains were isolated from cases of TSS, and two from infections not associated with TSS. The S. aureus suspensions were washed prior to inoculation to remove any nutrients from the initial growth medium. The results were similar to the previous work in all cases except with the PBS with 5% human blood control. No growth differences could be detected between these cultures and those with tampons. At time zero the counts were $2 \times 10^4$/ml, at 3 hours they were approximately $3 \times 10^5$/ml, and at 7 hours $4 \times 10^7$/ml. Although the initial counts were higher than the original report, the 7 hour counts gave similar 3 log increases. No differences due to the source of the blood were detected in repeat cultures using blood drawn from two female volunteers.

Although this work fails to confirm the presence of a tampon-associated growth factor for S. aureus under the described conditions, it does not invalidate the NH & MRC recommendations that tampons should be changed about every three hours and not be used overnight.

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# AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 23-7-81 - 5-8-81 BULLETIN NUMBER . 81/16

## VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

| VIRUS OR VIRAL ANTIGEN | ICPMR (NSW)/ WVH (ACT) | RAHC (NSW) | PHH/ POW (NSW) | FAIR-FIELD (VIC) | RCH (VIC) | IMVS (SA) | STATE LAB (QLD) | STATE LAB (WA) | Total |
|---|---|---|---|---|---|---|---|---|---|
| 0100 ADENOVIRUS NOT TYPED | 4 | 1 | 3 | 1 | 1 | | 5 | 1 | 16 |
| 0101 ADENOVIRUS TYPE 1 | 2 | | | 3 | 3 | | | | 8 |
| 0102 ADENOVIRUS TYPE 2 | 1 | | | | 2 | | | | 3 |
| 0105 ADENOVIRUS TYPE 5 | 1 | | | | | | | | 1 |
| 0107 ADENOVIRUS TYPE 7 | | 1 | 1 | | 1 | | | 2 | 5 |
| 0110 ADENOVIRUS TYPE 10 | | | | | | | | 1 | 1 |
| 0119 ADENOVIRUS TYPE 19 | | | 1 | 1 | | | | 2 | 4 |
| 0199 ADENOVIRUS TYPING PENDING | | | 1 | | 7 | | | | 8 |
| 0201 INFLUENZA A VIRUS | 9 | 4 | 3 | 24 | 14 | | 1 | 3 | 58 |
| 0203 INFLUENZA B VIRUS | 1 | | | | | | | | 1 |
| 0301 PARAINFLUENZA VIRUS TYPE 1 | | 2 | | | 1 | | 2 | 1 | 6 |
| 0302 PARAINFLUENZA VIRUS TYPE 2 | | | | 1 | | | | | 1 |
| 0303 PARAINFLUENZA VIRUS TYPE 3 | | | 1 | | 3 | | | 1 | 5 |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS) | 9 | 4 | | 7 | 33 | | 8 | 2 | 63 |
| 0500 RHINOVIRUS (ALL TYPES) | 4 | 4 | | 2 | 7 | | 2 | - | 19 |
| 0600 MYCOPLASMA PNEUMONIAE | 4 | 4 | | 1 | | | 3 | 2 | 14 |
| 0700 ORNITHOSIS-PSITTACOSIS | 2 | | | 1 | | | | 2 | 5 |
| 0816 COXSACKIEVIRUS A16 | | | | | 4 | | | | 4 |
| 0904 COXSACKIEVIRUS B4 | | | | | 1 | | | | 1 |
| 1005 ECHOVIRUS TYPE 5 | | | | | | | | 1 | 1 |
| 1009 ECHOVIRUS TYPE 9 | | | | 1 | | | 1 | 1 | 3 |
| 1014 ECHOVIRUS TYPE 14 | | | | | | | | 1 | 1 |
| 1017 ECHOVIRUS TYPE 17 | 1 | | | | | | | | 1 |
| 1022 ECHOVIRUS TYPE 22 | 1 | | | 1 | 1 | | 1 | | 4 |
| 1025 ECHOVIRUS TYPE 25 | | | | | | | | 2 | 2 |
| 1030 ECHOVIRUS TYPE 30 | | | | 1 | 1 | | | | 2 |
| 1031 ECHOVIRUS TYPE 31 | 1 | | | | | | | | 1 |
| 1101 POLIOVIRUS TYPE 1 | 1 | | | | 4 | | | | 5 |
| 1104 POLIOVIRUS-VACCINAL STRAIN | 2 | | | | | | | | 2 |
| 1200 MUMPS VIRUS | 4 | | | 2 | 2 | | 2 | | 10 |
| 1300 HERPES VIRUS GROUP-NOT TYPED | 15 | | | 1 | | | | | 16 |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 1 | 1 | | 1 | | | | 36 | 39 |

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REPORTING PERIOD - 23-7-81 - 5-8-81 BULLETIN NUMBER . 81/16

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

| VIRUS OR VIRAL ANTIGEN | ICPMR (NSW)/ WVH (ACT) | RAHC (NSW) | PHH/ POW (NSW) | FAIR-FIELD (VIC) | RCH (VIC) | IMVS (SA) | STATE LAB (QLD) | STATE LAB (WA) | Total |
|---|---|---|---|---|---|---|---|---|---|
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS)..... | 6 | | | | | | | 1 | 7 |
| 1303 VARICELLA-ZOSTER VIRUS..... | 3 | 1 | 3 | 3 | 3 | | 2 | | 15 |
| 1306 HERPES SIMPLEX TYPE 1..... | 1 | | 3 | 22 | | | 5 | | 31 |
| 1307 HERPES SIMPLEX TYPE 2..... | 65 | | | 34 | | | 22 | 1 | 122 |
| 1399 HERPES VIRUS TYPING PENDING..... | | | 12 | | 7 | | | | 19 |
| 1401 COXIELLA BURNETI..... | 8 | | | 1 | | | 6 | | 15 |
| 1502 PICORNA VIRUS-NOT TYPED..... | | | | | | | | 1 | 1 |
| 1521 MEASLES VIRUS..... | 4 | 1 | 3 | | 4 | | | | 12 |
| 1522 RUBELLA VIRUS..... | | | 1 | | | | 2 | 2 | 5 |
| 1532 HEPATITIS B ANTIGEN..... | 6 | | 10 | 28 | 1 | | 4 | 8 | 57 |
| 1535 HEPATITIS A ANTIBODY..... | 1 | 1 | 1 | 6 | | | 2 | 1 | 12 |
| 1541 CHLAMYDIA A - TRIC TYPE..... | 19 | | 5 | | | | | 64 | 88 |
| 1556 CMV - CYTOMEGALOVIRUS..... | 7 | | 7 | 14 | 7 | | 5 | 4 | 44 |
| 1564 ROTAVIRUS..... | 16 | 8 | 7 | 5 | 17 | | | | 53 |
| 1599 ENTEROVIRUS TYPING PENDING..... | | | 3 | | 9 | | | | 12 |
| ROSS RIVER VIRUS ..... | | | | | | | 3 | 2 | 5 |
| SMALL VIRUS (LIKE) PARTICLE ..... | 3 | | | | | | | | 3 |
| Total..... | 202 | 32 | 65 | 161 | 133 | | 76 | 142 | 811 |

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PERIOD : 23/7/81 to 5/8/81 .... 81/16

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 03 -Encephalitis; 03 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 10 -CVS; 89 -Urinary; 06 -Skin/mucous.

| VIRUS OR VIRAL ANTIGEN | No-ill or data | Respir atory | Enceph alitis | Mening -itis | Para- lysis | CNS other unspec | GI | Hepa -tic | CVS | Urin -ary | Skin/ mucs memb |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0101 ADENOVIRUS TYPE 1..... | | 5 | | | | | 3 | | | | |
| 0102 ADENOVIRUS TYPE 2..... | | 2 | | | | 1 | | | | | |
| 0105 ADENOVIRUS TYPE 5..... | | | | | | | 1 | | | | |
| 0107 ADENOVIRUS TYPE 7..... | | 3 | | | | | 2 | | | | |
| 0201 INFLUENZA A VIRUS..... | 1 | 46 | | 4 | | | | | | | 1 |
| 0203 INFLUENZA B VIRUS..... | | 1 | | | | | | | | | |
| 0301 PARAINFLUENZA VIRUS TYPE 1.... | | 5 | | | | | | | 1 | | |
| 0302 PARAINFLUENZA VIRUS TYPE 2.... | | 1 | | | | | | | | | |
| 0303 PARAINFLUENZA VIRUS TYPE 3.... | | 3 | | | | 1 | | | | | |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS)..... | 1 | 62 | | | | | | | | | |
| 0500 RHINOVIRUS (ALL TYPES)..... | | 20 | | | | | | | | | |
| 0600 MYCOPLASMA PNEUMONIAE..... | 5 | 9 | | | | | | | | | |
| 0700 ORNITHOSIS-PSITTACOSIS..... | | 3 | | | | | | | | | |
| C816 COXSACKIEVIRUS A16..... | | | | | | | | | | | 4 |
| 1005 ECHOVIRUS TYPE 5..... | | | | | | 1 | | | | | |
| 1009 ECHOVIRUS TYPE 9..... | 1 | | | | | | | | | | 1 |
| 1014 ECHOVIRUS TYPE 14..... | 1 | | | | | | | | | | |
| 1017 ECHOVIRUS TYPE 17..... | | 1 | | | | | | | | | |
| 1022 ECHOVIRUS TYPE 22..... | 2 | 1 | | | | | 1 | | | | |
| 1025 ECHOVIRUS TYPE 25..... | | 1 | | | | 1 | | | | | 1 |
| 1030 ECHOVIRUS TYPE 30..... | | 1 | | | | | | | | | |
| 1031 ECHOVIRUS TYPE 31..... | | 1 | | 1 | | | | | | | |
| 1101 POLIOVIRUS TYPE 1..... | | 1 | | | | | | | | | |
| 1104 POLIOVIRUS-VACCINAL STRAIN.... | | | | | | | 2 | | | | |
| 1200 MUMPS VIRUS..... | 3 | | 1 | 3 | | | | | | | |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 2 | 1 | 1 | 1 | | | | | | | 19 |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS). | | | | | | | | 1 | | | |

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PERIOD : 23/7/81 to 5/8/81 ....

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; 03 -Encephalitis; 03 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.-CONTINUED

| VIRUS OR VIRAL ANTIGEN | No-ill or data | Respiratory | Encephalitis | Meningitis | Paralysis | CNS other unspec | GI | Hepatic | CVS | Urinary | Skin/ mucs memb |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1303 VARICELLA-ZOSTER VIRUS..... | 4 | 1 | 1 | | | | | | | | 9 |
| 1306 HERPES SIMPLEX TYPE 1..... | | 3 | 1 | | | | | | | | 17 |
| 1307 HERPES SIMPLEX TYPE 2..... | | | | | | | | | | | 5 |
| 1401 COXIELLA BURNETI..... | 4 | 1 | | | | | | | 1 | | |
| 1521 MEASLES VIRUS..... | | 4 | 2 | | | | | | | | 5 |
| 1522 RUBELLA VIRUS..... | 1 | | | | | | | | | | 2 |
| 1532 HEPATITIS B ANTIGEN..... | 16 | | | | | | | 40 | | 1 | |
| 1535 HEPATITIS A ANTIBODY..... | | | | | | | | 11 | | | |
| 1541 CHLAMYDIA A - TRIC TYPE..... | | 1 | | | | | | | 1 | 1 | |
| 1556 CMV - CYTOMEGALOVIRUS..... | 13 | 6 | 1 | | | | | 2 | 2 | 5 | |
| 1564 ROTAVIRUS..... | 8 | 1 | | | | 1 | 42 | 1 | | | |
| ROSS RIVER VIRUS .... | | | | | | 1 | | | | | 1 |
| SMALL VIRUS (LIKE) PARTICLE .... | | | | | | | 2 | | | | |
| Total..... | 62 | 184 | 7 | 9 | | 6 | 53 | 55 | 5 | 7 | 65 |

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# AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

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PERIOD : 23/7/81 to 5/8/81 ...

Viral Identifications by Clinical Information Table 2.
Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;
38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;
G8 -Fever/malaise; 09 -Other; A1 -SIDS ...

| VIRUS OR VIRAL ANTIGEN | Eye | Genital | Endo/sal gland | RES | Muscle/joint | Congenital | PUO | Fever/malaise | Other | SIDS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0101 ADENOVIRUS TYPE 1..... | | | | | | | | 1 | | |
| 0107 ADENOVIRUS TYPE 7..... | | | | | | | | 1 | | |
| 0110 ADENOVIRUS TYPE 10..... | | 1 | | | | | | | | |
| 0119 ADENOVIRUS TYPE 19..... | 1 | 2 | | | | | | | | |
| 0201 INFLUENZA A VIRUS..... | | | | | | | 4 | 18 | | 1 |
| 0301 PARAINFLUENZA VIRUS TYPE 1.... | | | | | 1 | | | | | |
| 0303 PARAINFLUENZA VIRUS TYPE 3.... | | | 1 | | | | | 1 | | |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS)..... | | | | | | | | 1 | | 2 |
| 0700 ORNITHOSIS-PSITTACOSIS..... | | | | | | | 1 | 2 | | |
| 0904 COXSACKIEVIRUS B4..... | | | | | | | | | | 1 |
| 1005 ECHOVIRUS TYPE 5..... | | | | | | | | 1 | | |
| 1009 ECHOVIRUS TYPE 9..... | | | | | | | | 1 | | |
| 1025 ECHOVIRUS TYPE 25..... | | | | | | | | 1 | | |
| 1030 ECHOVIRUS TYPE 30..... | | | | | | | | 1 | | |
| 1101 POLIOVIRUS TYPE 1..... | | | | | | 1 | | | | 3 |
| 1200 MUMPS VIRUS..... | | | 4 | | | | | | | |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 1 | 20 | | | | | | | | |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS).. | | | 6 | | | | | 1 | 1 | |
| 1306 HERPES SIMPLEX TYPE 1..... | 3 | 6 | | 2 | | | | | | |
| 1307 HERPES SIMPLEX TYPE 2..... | 1 | 116 | | | | | | | | |
| 1401 COXIELLA BURNETI..... | | | 1 | | | | 1 | 8 | | |
| 1521 MEASLES VIRUS..... | | | 1 | | | 1 | 1 | | | |
| 1522 RUBELLA VIRUS..... | | | | | 2 | | | | 1 | |
| 1535 HEPATITIS A ANTIBODY..... | | | | | | | 1 | | | |
| 1541 CHLAMYDIA A - TRIC TYPE..... | 1 | 84 | | | | | | 1 | | |
| 1556 CMV - CYTOMEGALOVIRUS..... | | 5 | | 2 | 1 | 2 | | 1 | 3 | 2 |
| 1564 ROTAVIRUS..... | | | | | | | | | | 1 |
| ROSS RIVER VIRUS .... | | | | | 4 | | | | | |
| SMALL VIRUS (LIKE) PARTICLE .... | | | | | | | | | 1 | |
| Total..... | 7 | 234 | 13 | 4 | 8 | 4 | 8 | 39 | 6 | 10 |

## NOTIFIABLE DISEASES REPORTED IN AUSTRALIA

6th. 4 Weekly Period for...1981.

(17.5.81 to 13.6.81 inclusive)

Bulletin 81/16.

| Disease | N.S.W. | VIC | QLD | S.A. | W.A. | TAS. | N.T. | A.C.T. | Total | CUMULATIVE TOTAL TO DATE FOR YEAR |
|---|---|---|---|---|---|---|---|---|---|---|
| Amoebiasis | N.N. | 1 | 4 | | 1 | | | | 6 | 31 |
| Ankylostomiasis | N.N. | | | N.N. | | | 1 | | 1 | 12 |
| Anthrax | | | | | | | | | — | — |
| Arbovirus infection | | | | N.N. | | | | | — | 9 |
| Brucellosis | 1 | | | 1 | | | | | 2 | 15 |
| Campylobacter infections | N.N. | N.N. | N.N. | 14 | N.N. | N.N. | N.N. | N.N. | 14 | 148 |
| Chancroid | | | 2 | N.N. | | N.N. | N.N. | 1 | 3 | 12 |
| Cholera | | | | | | | | | — | 2 |
| Congenital rubella syndrome | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | — | — |
| Diphtheria | | | | | | | | | — | 1+1 CARRIER |
| Donovanosis | | N.N. | 1 | N.N. | 1 | N.N. | 3 | | 5 | 29 |
| Giardiasis | N.N. | N.N. | N.N. | 38 | N.N. | N.N. | N.N. | N.N. | 38 | 336 |
| Genital herpes | N.N. | N.N. | N.N. | 32 | N.N. | N.N. | 1 | N.N. | 33 | 171 |
| Gonococcal ophthalmia neonatorum | | N.N. | | N.N. | N.N. | N.N. | N.N. | N.N. | — | — |
| Gonorrhoea | 315 | 199 | 199 | 66 | 73 | 13 | 74 | 31 | 970 | 5,235 |
| Hepatitis A (infectious) | 33 | 29 | 10 | 9 | 2 | 3 | 19 | 4 | 109 | 719 |
| Hepatitis B (serum) | 13 | 9 | | 10 | 1 | | | 2 | 35 | 207 |
| Hepatitis - unspecified | N.N. | N.N. | | N.N. | | N.N. | N.N. | | — | 26 |
| Hydatid disease | | | | | | | | | — | 12 |
| Lassa Fever | N.N. | | N.N. | N.N. | | N.N. | N.N. | N.N. | — | — |
| Legionnaires disease | N.N. | | N.N. | 4 | N.N. | N.N. | N.N. | N.N. | 4 | 13 |
| Leprosy | | | | | 1 | | 1 | | 2 | 19 |
| Leptospirosis | | | | 1 | 1 | | | | 2 | 29 |
| Lymphogranuloma venereum | | N.N. | N.N. | N.N. | N.N. | N.N. | | | — | — |
| Malaria | 6 | 5 | 12 | 2 | 4 | | 2 | | 31 | 211 |
| Marburg Disease | N.N. | | N.N. | N.N. | | N.N. | N.N. | N.N. | — | — |
| Meningococcal infections | N.N. | | 2 | | | N.N. | | | 2 | 31 |
| Non-specific urethritis | N.N. | N.N. | N.N. | 86 | N.N. | N.N. | N.N. | N.N. | 86 | 710 |
| Ornithosis | | | | | | | | | — | 7 |
| Pertussis (whooping cough) | N.N. | 10 | N.N. | 1 | N.N. | N.N. | N.N. | N.N. | 11 | 82 |
| Plague | | | | | | | | | — | — |
| Poliomyelitis | | | | | | | | | — | — |
| Q. fever | 3 | 1 | 12 | 22 | N.N. | | N.N. | | 38 | 210 |
| Rabies | N.N. | N.N. | N.N. | N.N. | | N.N. | N.N. | N.N. | — | — |

| DISEASE | N.S.W. | VIC | QLD | S.A. | W.A. | TAS. | N.T. | A.C.T. | Total | CUMULATIVE TOTAL TO DATE FOR YEAR |
|---|---|---|---|---|---|---|---|---|---|---|
| Salmonella infections | 52 | 20 | 20 | 48 | 13 | 1 | 19 | 1 | 174 | 1,174 |
| Shigella infections | N.N. | 1 | 16 | 5 | 1 | | 13 | | 36 | * 251 |
| Smallpox | | | | | | | | | — | — |
| Syphilis | 178 | 10 | 82 | 3 | 17 | | 48 | | 338 | 1,365 |
| Tetanus | | | | | | | | | — | 9 |
| Trachoma | N.N. | N.N. | | N.N. | N.N. | N.N. | | | — | 1 |
| Tuberculosis (all forms) | 48 | 47 | 16 | 9 | 8 | | | 5 | 133 | 662 |
| Typhoid fever | | 1 | | | | | | | 1 | 5 |
| Typhus (all forms) | | | | | | | | | — | — |
| Vibrio parahaemolyticus infections | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | — | — |
| Yellow Fever | | | | | | | | | — | — |
| Yersinia enterocolitica infections | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | N.N. | — | — |

(Note: Data collected under the Notifiable Diseases Returns may bear little or no correlation to that collected under the CDI laboratory scheme. Whilst the latter is a sampling program, the Notifiable Diseases data is dependent upon voluntary reporting by medical practitioners etc.)

**N.N. Not Notifiable**

Corrections made to the Cumulative Total since last Report

Shigella infections - 5 cases for N.T.

## RECOMMENDED MINIMUM PERIODS OF EXCLUSION FROM SCHOOL OR PRESCHOOL OF INFECTIOUS DISEASES CASES AND CONTACTS

### IMPORTANT NOTES

- Children who are unwell should not be allowed to attend school. These guidelines have been drawn up on the premise that children who have been ill with an infectious disease will not return to school until they have fully recovered. The only exception to this rule is that children with certain skin diseases may return once appropriate treatment has commenced (see below).
- These recommended periods are issued as a guide to teaching staff and medical practitioners, and may be modified in individual cases as circumstances warrant.
- In cases of doubt, or for guidance in cases of conditions not mentioned on the list, advice should be sought from the appropriate clinician, School Medical Officer or Medical Officer of Health. Similarly, advice on possible prevention measures should be sought if cases occur in boarding institutions amongst children housed in dormitory-type accommodation.

### 1. GENERAL INFECTIOUS DISEASES

| Conditions | Cases | Contacts |
|---|---|---|
| CHICKEN POX (VARICELLA)<br>MUMPS<br>RUBELLA | Exclude till fully recovered. (In chicken pox, some remaining scabs are not an indication for continued exclusion. | Not excluded. Female staff of childbearing age should ensure that their immune status against rubella is adequate. |
| DIPHTHERIA | Readmit after receipt of a medical certificate of recovery from infection following at least two negative nose and throat swabs, the first not less than 24 hours after cessation of antimicrobial therapy and the other 48 hours later. | Exclude domiciliary contacts. An appropriate public health medical officer should investigate contacts immediately and release them when they are shown to be clear of infection. |
| ENCEPHALITIS | This is not a specific clinical entity. No exclusion periods are necessary for either cases or contacts unless due to measles, in which case exclude as for that disease. | |
| VIRAL HEPATITIS | Readmit on receipt of a medical certificate of recovery, or on subsidence of symptoms, but not before seven days after onset of jaundice | Not excluded. |
| LEPROSY | Readmit on production of medical certificate from appropriate health authority. | Not excluded |
| MEASLES | Should be excluded for at least seven days from the appearance of rash or until a medical certificate of recovery is produced. | Contacts not excluded. All children should be immunized against measles preferably at 12 months of age and certainly before entry into preschool or day care centre unless they have had the disease. Therefore the need to exclude contacts should not arise. |
| MENINGITIS (BACTERIAL) | No exclusion period is necessary following treatment and recovery | Not excluded (other than meningococcal meningitis contacts - see below). |
| MENINGOCOCCAL INFECTION | Readmit on production of a medical certificate of recovery | Domiciliary contacts only should be excluded until they have been receiving appropriate chemotherapy for at least 48 hours. |

| | | |
|---|---|---|
| POLIOMYELITIS | Should be excluded for at least 14 days from onset and also until a medical certificate of recovery is produced | Need not be excluded. All Children should be immunized prior to reaching school age. |
| STREPTOCOCCAL INFECTION INCLUDING SCARLET FEVER | Should be excluded until appropriate medical treatment and a medical certificate of recovery is given. | Need not be excluded. |
| TUBERCULOSIS | Readmit on production of medical certificate from appropriate health authority that the child is not considered to be infectious | Need not be excluded. |
| TYPHOID AND PARATYPHOID FEVER | Readmit after a medical certificate of freedom from infection is received, following three negative faecal and urine cultures taken at least 24 hours apart, commencing at least 72 hours after cessation of specific therapy. | Not excluded unless an appropriate public health medical officer considers exclusion to be necessary. |
| WHOOPING COUGH (PERTUSSIS) | Should be excluded for four weeks from onset of illness and until a medical certificate of recovery is produced. | Exclude domiciliary contacts for 21 days after the last exposure to infection if attending a pre-school centre and if the child has not previously had whooping cough. Contacts need not be excluded from any other class of school. |

2. COMMON LOCAL DISEASES AFFECTING SKIN, HAIR AND EYES IN SCHOOL CHILDREN

| Condition | Cases | Contacts |
|---|---|---|
| RINGWORM<br>SCABIES<br>PEDICULOSIS (LICE)<br>TRACHOMA | Readmit when appropriate treatment has commenced, supported when requested by a medical certificate. | Not excluded. Close contacts should be inspected regularly for signs of infestation or infection |
| CONJUNCTIVITIS (ACUTE INFECTIOUS) | Until discharge from eyes has ceased. | Not excluded. |
| IMPETIGO (SCHOOL SORES) | Until sores have fully healed. The child may be allowed to return provided that appropriate treatment is being applied and that sores on exposed surfaces such as scalp, face, hands or legs are properly covered with occlusive dressings. | Not excluded. |

AUSTRALIA COMMUNICABLE DISEASES INTELLIGENCE

PERIOD : 23/7/81 to 5/8/81 ... 81/16

Viral Identifications by Clinical Information Table 2.
Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;
38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;
G8 -Fever/malaise; 09 -Other; A1 -SIDS ...

-CONTINUED

| VIRUS OR VIRAL ANTIGEN | Eye | Genital | Endo/sal gland | RES | Muscle/joint | Congenital | PUO | Fever/malaise | Other | SIDS |
|---|---|---|---|---|---|---|---|---|---|---|
| 1556 CMV - CYTOMEGALOVIRUS..... | | 5 | | 2 | 1 | 2 | | 1 | 3 | 2 |
| 1564 ROTAVIRUS..... | | | | | | | | | | 1 |
| ROSS RIVER VIRUS .... | | | | | 4 | | | | | |
| SMALL VIRUS (LIKE) PARTICLE .... | | | | | | | | | 1 | |
| Total..... | 10 | 249 | 15 | 4 | 8 | 4 | 16 | 41 | 6 | 11 |

AUSTRALIA COMMUNICABLE DISEASES INTELLIGENCE 5

PERIOD : 23/7/81 to 5/8/81 ... 81/16

Viral Identifications by Clinical Information Table 2.
Code 10 -Eye; 59 -Genital; 39 -Endo/sal gland;
38 -RES; 29 -Muscle/joint; 69 -Congenital; P8 -PUO;
G8 -Fever/malaise; 09 -Other; A1 -SIDS ...

| VIRUS OR VIRAL ANTIGEN | Eye | Genital | Endo/sal gland | RES | Muscle/joint | Congenital | PUO | Fever/malaise | Other | SIDS |
|---|---|---|---|---|---|---|---|---|---|---|
| 0101 ADENOVIRUS TYPE 1..... | | | | | | | | 1 | | |
| 0107 ADENOVIRUS TYPE 7..... | | | | | | | | 1 | | |
| 0110 ADENOVIRUS TYPE 10..... | | 1 | | | | | | | | |
| 0119 ADENOVIRUS TYPE 19..... | 1 | 2 | | | | | | | | |
| 0201 INFLUENZA A VIRUS..... | | | 1 | | | | 4 | 18 | | 1 |
| 0301 PARAINFLUENZA VIRUS TYPE 1.... | | | | | 1 | | | | | |
| 0303 PARAINFLUENZA VIRUS TYPE 3.... | | | 1 | | | | | 1 | | |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS)..... | | | | | | | | 1 | | 2 |
| 0700 ORNITHOSIS-PSITTACOSIS..... | | | | | | | 1 | 2 | | |
| 0904 COXSACKIEVIRUS B4..... | | | | | | | | | | 1 |
| 1005 ECHOVIRUS TYPE 5..... | | | | | | | | 1 | | |
| 1009 ECHOVIRUS TYPE 9..... | | | | | | | | 1 | | |
| 1025 ECHOVIRUS TYPE 25..... | | | | | | | | 1 | | |
| 1030 ECHOVIRUS TYPE 30..... | | | | | | | | 1 | | |
| 1101 POLIOVIRUS TYPE 1..... | | | | | | 1 | | | | 3 |
| 1103 POLIOVIRUS TYPE 3..... | | | | | | | | | | 1 |
| 1200 MUMPS VIRUS..... | | | 5 | | | | | | | |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 1 | 20 | | | | | | | | |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS). | | | 6 | | | | 1 | 3 | 1 | |
| 1306 HERPES SIMPLEX TYPE 1..... | 5 | 6 | | 2 | | | | | | |
| 1307 HERPES SIMPLEX TYPE 2..... | 1 | 129 | | | | | | | | |
| 1401 COXIELLA BURNETI..... | | | 1 | | | | 8 | 8 | | |
| 1514 MOLLUSCUM CONTAGIOSUM..... | | 1 | | | | | | | | |
| 1521 MEASLES VIRUS..... | | | 1 | | | 1 | 1 | | | |
| 1522 RUBELLA VIRUS..... | | | | | 2 | | | | 1 | |
| 1535 HEPATITIS A ANTIBODY..... | | | | | | | 1 | | | |
| 1541 CHLAMYDIA A - C TRACHOMATIS... | 2 | 85 | | | | | | 1 | | |

# AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

81/16

PERIOD : 23/7/81 to 5/8/81 ....

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.-CONTINUED

| VIRUS OR VIRAL ANTIGEN | No-ill or data | Respiratory | Encephalitis | Meningitis | Paralysis | CNS other unspec | GI | Hepatic | CVS | Urinary | Skin/mucs memb |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1104 POLIOVIRUS-VACCINAL STRAIN.... | | | | | | | 2 | | | | |
| 1200 MUMPS VIRUS..... | 3 | | 1 | 3 | | | | | | | |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 2 | 1 | 1 | 1 | | | | | | | 19 |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS). | | 1 | | | | | | 1 | | | |
| 1303 VARICELLA-ZOSTER VIRUS..... | 4 | 1 | 1 | | | | | | | | 9 |
| 1306 HERPES SIMPLEX TYPE 1..... | | 4 | 1 | | | | | | | | 21 |
| 1307 HERPES SIMPLEX TYPE 2..... | | | | | | | | | | | 5 |
| 1401 COXIELLA BURNETI..... | 5 | 1 | | | | | | | 1 | | |
| 1521 MEASLES VIRUS..... | | 5 | 3 | | | | | | | | 5 |
| 1522 RUBELLA VIRUS..... | 1 | | | | | | | | | | 8 |
| 1532 HEPATITIS B ANTIGEN..... | 28 | | | | | | | 43 | | 1 | |
| 1535 HEPATITIS A ANTIBODY..... | | | | | | | | 11 | | | |
| 1541 CHLAMYDIA A - C TRACHOMATIS... | | 1 | | | | | | | 1 | 1 | |
| 1556 CMV - CYTOMEGALOVIRUS..... | 13 | 9 | 1 | | | | | 2 | 2 | 5 | |
| 1564 ROTAVIRUS..... | 12 | 1 | | | | 1 | 78 | 1 | | | |
| ROSS RIVER VIRUS .... | | | | | | 1 | | | | | 1 |
| SMALL VIRUS (LIKE) PARTICLE .... | | | | | | | 4 | | | | |
| Total..... | 79 | 238 | 9 | 9 | | 6 | 105 | 58 | 5 | 7 | 76 |

# AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

3

PERIOD : 23/7/81 to 5/8/81 ....

81/16

Viral Identifications by Clinical Information Table 1.
Code 00,99 -No ill or data; 01,02,11,12 -Respiratory; E3 -Encephalitis; M3 -Meningitis; 04 -Paralysis; 05,13 -CNS other unspec.; 07,49 -GI; 17,47 -Hepatic; 19 -CVS; 89 -Urinary; 06 -Skin/mucous.

| VIRUS OR VIRAL ANTIGEN | No-ill or data | Respiratory | Encephalitis | Meningitis | Paralysis | CNS other unspec | GI | Hepatic | CVS | Urinary | Skin/mucs memb |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0101 ADENOVIRUS TYPE 1..... | | 7 | | | | | 6 | | | | |
| 0102 ADENOVIRUS TYPE 2..... | | 4 | | | | 1 | 2 | | | | |
| 0105 ADENOVIRUS TYPE 5..... | | 1 | | | | | 5 | | | | |
| 0107 ADENOVIRUS TYPE 7..... | | 3 | | | | | 2 | | | | |
| 0201 INFLUENZA A VIRUS..... | 1 | 52 | | 4 | | | | | | | |
| 0203 INFLUENZA B VIRUS..... | | 1 | | | | | | | | | |
| 0301 PARAINFLUENZA VIRUS TYPE 1.... | | 5 | | | | | | | 1 | | |
| 0302 PARAINFLUENZA VIRUS TYPE 2.... | | 2 | | | | | | | | | |
| 0303 PARAINFLUENZA VIRUS TYPE 3.... | | 4 | | | | 1 | | | | | |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS)..... | 1 | 95 | | | | | | | | | |
| 0500 RHINOVIRUS (ALL TYPES)..... | | 20 | | | | | | | | | |
| 0600 MYCOPLASMA PNEUMONIAE..... | 5 | 10 | | | | | | | | | |
| 0700 ORNITHOSIS-PSITTACOSIS..... | | 3 | | | | | | | | | |
| 0816 COXSACKIEVIRUS A16..... | | | | | | | | | | | |
| 0904 COXSACKIEVIRUS B4..... | | | 1 | | | | | | | | |
| 0905 COXSACKIEVIRUS B5..... | | | | | | | 1 | | | | |
| 1005 ECHOVIRUS TYPE 5..... | | | | | | 1 | | | | | |
| 1009 ECHOVIRUS TYPE 9..... | 1 | | | | | | | | | | |
| 1014 ECHOVIRUS TYPE 14..... | 1 | | | | | | | | | | |
| 1017 ECHOVIRUS TYPE 17..... | | 1 | | | | | | | | | |
| 1022 ECHOVIRUS TYPE 22..... | 2 | 1 | | | | | 1 | | | | |
| 1025 ECHOVIRUS TYPE 25..... | | 1 | | | | 1 | | | | | |
| 1030 ECHOVIRUS TYPE 30..... | | 1 | | | | | | | | | |
| 1031 ECHOVIRUS TYPE 31..... | | 1 | | 1 | | | | | | | |
| 1101 POLIOVIRUS TYPE 1..... | | 1 | | | | | | | | | |
| 1102 POLIOVIRUS TYPE 2..... | | | | | | | 1 | | | | |
| 1103 POLIOVIRUS TYPE 3..... | | 1 | | | | | 3 | | | | |

AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE 2

REPORTING PERIOD - 23-7-81 - 5-8-81 BULLETIN NUMBER .. 81/16

VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES-CONTINUED

| VIRUS OR VIRAL ANTIGEN | ICPMR (NSW)/ WVH (ACT) | RAHC (NSW) | PHH/ POW (NSW) | FAIR-FIELD (VIC) | RCH (VIC) | IMVS (SA) | STATE LAB (QLD) | STATE LAB (WA) | Total |
|---|---|---|---|---|---|---|---|---|---|
| 1103 POLIOVIRUS TYPE 3 | | | | | | 5 | | | 5 |
| 1104 POLIOVIRUS-VACCINAL STRAIN | 2 | | | | | | | | 2 |
| 1200 MUMPS VIRUS | 4 | | | 2 | 2 | 1 | 2 | | 11 |
| 1300 HERPES VIRUS GROUP-NOT TYPED | 15 | | | 1 | | 13 | | | 29 |
| 1301 HERPES SIMPLEX VIRUS NOT-TYPED | 1 | 1 | | 1 | | | | 35 | 38 |
| 1302 EPSTEIN-BARR VIRUS (EB VIRUS) | 6 | | | | | 4 | | 1 | 11 |
| 1303 VARICELLA-ZOSTER VIRUS | 3 | 1 | 3 | 3 | 3 | | 2 | | 15 |
| 1306 HERPES SIMPLEX TYPE 1 | 1 | | 3 | 22 | | 7 | 5 | | 38 |
| 1307 HERPES SIMPLEX TYPE 2 | 64 | | | 34 | | 13 | 22 | 1 | 134 |
| 1399 HERPES VIRUS TYPING PENDING | | | 12 | | 7 | 4 | | | 23 |
| 1401 COXIELLA BURNETI | 8 | | | 1 | | 8 | 6 | | 23 |
| 1502 PICORNA VIRUS-NOT TYPED | | | | | | | | 1 | 1 |
| 1514 MOLLUSCUM CONTAGIOSUM | | | | | | 1 | | | 1 |
| 1521 MEASLES VIRUS | 4 | 1 | 3 | | 4 | 2 | | | 14 |
| 1522 RUBELLA VIRUS | | | | | | 6 | 2 | 2 | 10 |
| 1532 HEPATITIS B ANTIGEN | 6 | | 9 | 28 | 1 | 15 | 4 | 7 | 70 |
| 1535 HEPATITIS A ANTIBODY | 1 | 1 | 1 | 6 | | | 2 | 1 | 12 |
| 1541 CHLAMYDIA A - C TRACHOMATIS | 17 | | 4 | | | 2 | | 60 | 83 |
| 1556 CMV - CYTOMEGALOVIRUS | 7 | | 7 | 14 | 7 | 3 | 5 | 4 | 47 |
| 1564 ROTAVIRUS | 16 | 8 | 6 | 5 | 17 | 39 | | | 91 |
| 1599 ENTEROVIRUS TYPING PENDING | | | 3 | | 9 | 1 | | | 13 |
| POXVIRUS GROUP NOT TYPED | | | | | | 1 | | | 1 |
| ROSS RIVER VIRUS | | | | | | | 3 | 2 | 5 |
| SMALL VIRUS (LIKE) PARTICLE | 3 | | | | | 2 | | | 5 |
| Total | 199 | 31 | 56 | 161 | 132 | 188 | 76 | 135 | 978 |

# AUSTRALIA - COMMUNICABLE DISEASES INTELLIGENCE

REPORTING PERIOD - 23-7-81 — 5-8-81 BULLETIN NUMBER . 81/16

## VIRAL IDENTIFICATIONS FROM CONTRIBUTING LABORATORIES

| VIRUS OR VIRAL ANTIGEN | ICPMR (NSW)/ WVH (ACT) | RAHC (NSW) | PHH/ POW (NSW) | FAIR-FIELD (VIC) | RCH (VIC) | IMVS (SA) | STATE LAB (QLD) | STATE LAB (WA) | Total |
|---|---|---|---|---|---|---|---|---|---|
| 0100 ADENOVIRUS NOT TYPED | 4 | 1 | 1 | 1 | 1 | 1 | 5 | 1 | 15 |
| 0101 ADENOVIRUS TYPE 1 | 2 | | | 3 | 3 | 4 | | | 12 |
| 0102 ADENOVIRUS TYPE 2 | 1 | | | | 2 | 4 | | | |
| 0105 ADENOVIRUS TYPE 5 | 1 | | | | | 5 | | | 6 |
| 0107 ADENOVIRUS TYPE 7 | | 1 | 1 | | 1 | | | 2 | 5 |
| 0110 ADENOVIRUS TYPE 10 | | | | | | | | 1 | |
| 0119 ADENOVIRUS TYPE 19 | | | 1 | 1 | | | | 2 | 4 |
| 0199 ADENOVIRUS TYPING PENDING | | | 1 | | 7 | | | | 8 |
| 0201 INFLUENZA A VIRUS | 9 | 4 | | 24 | 14 | 7 | 1 | 3 | 62 |
| 0203 INFLUENZA B VIRUS | 1 | | | | | | | | |
| 0301 PARAINFLUENZA VIRUS TYPE 1 | | 2 | | | 1 | | 2 | 1 | 6 |
| 0302 PARAINFLUENZA VIRUS TYPE 2 | | | | 1 | | 1 | | | 2 |
| 0303 PARAINFLUENZA VIRUS TYPE 3 | | | 1 | | 3 | 1 | | 1 | 6 |
| 0400 RESPIRATORY SYNCYTIAL VIRUS (RS) | 9 | 4 | | 7 | 32 | 33 | 8 | 2 | 95 |
| 0500 RHINOVIRUS (ALL TYPES) | 4 | 4 | | 2 | 7 | | 2 | | 19 |
| 0600 MYCOPLASMA PNEUMONIAE | 4 | 3 | | 1 | | 1 | 3 | 2 | 14 |
| 0700 ORNITHOSIS-PSITTACOSIS | 2 | | | 1 | | | | 2 | 5 |
| 0800 COXSACKIEVIRUSES GROUP A - NOT TYPED | | | | | | 1 | | | |
| 0816 COXSACKIEVIRUS A16 | | | | | 4 | | | | 4 |
| 0904 COXSACKIEVIRUS B4 | | | | | 1 | 1 | | | 2 |
| 0905 COXSACKIEVIRUS B5 | | | | | | 1 | | | |
| 1005 ECHOVIRUS TYPE 5 | | | | | | | | 1 | |
| 1009 ECHOVIRUS TYPE 9 | | | | 1 | | | 1 | | 2 |
| 1014 ECHOVIRUS TYPE 14 | | | | | | | | 1 | |
| 1017 ECHOVIRUS TYPE 17 | 1 | | | | | | | | |
| 1022 ECHOVIRUS TYPE 22 | 1 | | | 1 | 1 | | 1 | | 4 |
| 1025 ECHOVIRUS TYPE 25 | | | | | | | | 2 | 2 |
| 1030 ECHOVIRUS TYPE 30 | | | | 1 | 1 | | | | 2 |
| 1031 ECHOVIRUS TYPE 31 | 1 | | | | | | | | |
| 1101 POLIOVIRUS TYPE 1 | 1 | | | | 4 | | | | 5 |
| 1102 POLIOVIRUS TYPE 2 | | | | | | 1 | | | |